

BALTIMORE CITY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL INSPECTION SERVICES

BALTIMORE CITY HEALTH DEPARTMENT

1001 E. Fayette Street Baltimore, Maryland 21202 (O) 410-396-4428 (F) 410-396-5986

SWIMMING POOL/SPA LICENSE APPLICATION								
Pool/Spa Name	NEW POOL	RENEWAL	CHANGE OF OWNERSHIP					
Location Address	Phone H		Hours of Operation					
Number of pools/spas to be licensed	Number Indoor:							
Pool(s): Spa(s):	Number Outdoor:							
Mailing Address (If different from Location Address)								
Name of Owner	Owner's Phone							
Owner's Address	Email Address							
If a partnership, co-owner, etc., list the names and addre the name of the principal officer of the corporation and a officers on the reverse side.			•					
Resident Agent or Owner of the Facility								
Name	Phone							
Address	Email Address							
Swimming Pool/Spa Management Company (If applicable)								
Name	Phone							
Address	Email Address							
Fee: \$455.00 per Pool/Spa								
Enclose all applicable fees. Make check payable to Director of Finance. Mail completed form to address listed above.								
Widii completed form	to dudi ess listed	above.						
I have carefully examined and read the above application true and correct, and that, in operating each swimming p applicable laws and regulations for the City of Baltimore of this application may result in denial or revocation of the that all information contained hereon is true and correct. Note: Signature must be that of owner or principal officer listed above or	ool/spa at this lo and the State of he license. I do so	ocation, I will Maryland. I u Dlemnly swea	ensure compliance with all nderstand that falsification r, under penalty of perjury,					
The state of the s	reverse and II	, be that of	=					
X SIGNATURE PRIN	ΓΝΑΜΕ		DATE					
SIGNATORE FININ	I INCHIVIL		DAIL					

		PUE	BLIC SWIMN		-			
				EL ROSTER				
Please make a separ		•	•			the name	and location. After	
first sheet, you may	write "sa	me" in fields wher	<u>e information</u>		hange.			
Pool/Spa Name				Phone				
Location Address								
		Pool	/Spa Manag	ement Cor	mpany			
Office Address (If different from Location Address)			Email Address					
Office Phone			Cell					
Manager's Name			Contact Phone					
Manager's Address				I				
		complete inform ICLUDE COPIES C Swimmii		FICATIONS	WITH THIS RO			
Facility Identification	n Name:				Check One:	□ Pool	□ Spa	
Name Pool/Spa Operator Expiration Date		Lifeguard Expiration Date *		First Aid Expiration Date *		CPR Expiration Date *		
					Only if Operat		m any lifeguard dution	
Name		Lifeguard		First Aid		CPR	Expiration Date	
			Expiration Date		Expiration Date			
						1		

after the submission of this roster, please note information on blank forms and mail immediately to BCHD.